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## FACSIMILE TRANSMITTAL SHEET

**To:** Examiner Anuradha Ramana  
**FIRM/COMPANY:** Mail Stop REISSUE  
**FACSIMILE NUMBER:** 571 273 8300  
**CONFIRMATION  
TELEPHONE:**  
**FROM:** Ruth Der, Paralegal  
**DIRECT DIAL:** 415.957-3031  
**DATE:** July 3, 2007  
**USER NUMBER:**  
**FILE NUMBER:** Atty. Docket No. R0372-00101, Reissue Serial No. 10/620,154  
**TOTAL # OF PAGES:  
(INCLUDING COVERSHEET)** 52  
**MESSAGE:** Attached is *Supplemental Response To Office Action Mailed 09/08/2006* with attached *Mark-Up Of Amended Claims and Status And Support For All Claims Not Found In Issued Patent And Amendments Thereto Pursuant To 37 CFR §1.173(c)*.

Please confirm receipt of this facsimile.

NOTE: Original will not follow

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002/052

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PATENT

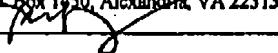
## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue Application for ) Examiner: Anuradha Ramana  
 Patent No.: 6,261,291 ) Group Art Unit: 373  
 Issued: July 17, 2001 ) Atty. Docket No.: R0372-00101  
 Inventors: Talaber et al. )  
 Reissue Serial No.: 10/620,154 )  
 For: ORTHOPEDIC IMPLANT ASSEMBLY )  
 Filed: July 15, 2003 )

TRANSMITTAL

## CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.8

I hereby certify that this correspondence is being transmitted by facsimile (571) 273-8300 and addressed to Attention: Examiner Anuradha Ramana, Mail Stop REISSUE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 3, 2007 in San Francisco, CA.

By: 

Mail Stop Reissue  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application are:

X Supplemental Response To Office Action Mailed 09/08/2006 including;  
X Mark-Up Of Amended Claims; and  
X Status And Support For All Claims Not Found In Issued Patent And Amendments Thereto Pursuant To 37 CFR §1.173(c).

2. Claims Fee Calculation

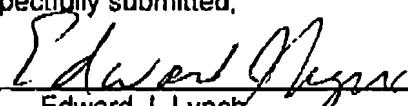
Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	1204	10 - 16 =	0 x	\$200=	\$0.
Total Claims	1205	105 - 106 =	1 x	\$50=	\$0.

Total Claim Fees Due..... \$0.

3. Payment of Fees

X The Commissioner is authorized to charge the fees due and to credit any overpayment of fees associated with this communication set forth under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0372-00101.

Respectfully submitted,

By: 

Edward J. Lynch  
 Registration No. 24,422  
 Attorney for Applicants

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## PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re Reissue Application for**

Patent No.: 6,261,291

Issued: July 17, 2001

Inventors: Talaber et al.

Reissue Serial No.: 10/620,154

For: **ORTHOPEDIC IMPLANT  
ASSEMBLY**

Filed: July 15, 2003

Examiner: Anuradha Ramana

Group Art Unit: 3733

Attorney Docket No.: R0372-00101

**SUPPLEMENTAL RESPONSE TO  
OFFICE ACTION MAILED 09/08/2006**

**CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.8**

I hereby certify that this correspondence is being transmitted by facsimile (571) 273-8300 and addressed to Attention: Examiner Anuradha Rama, Mail Stop REISSUE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 1, 2007 in San Francisco, CA.  
By:

Mail Stop Reissue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sirs:

In further response to the non-final Office Action mailed on September 8, 2006, and the Office Communication mailed on June 7, 2007, please replace the amended claim pages with the following new claim pages. A marked up copy of the amended claims indicating the changes made thereto is attached.